

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address): TELEPHONE NO.: _____ FAX NO.: _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO <input type="checkbox"/> MADGE BRADLEY BLDG., 1409 4TH AVE., SAN DIEGO, CA 92101-3105 <input type="checkbox"/> NORTH COUNTY DIVISION, 325 S. MELROSE DR., VISTA, CA 92081-6698	
GUARDIANSHIP OF THE <input type="checkbox"/> PERSON <input type="checkbox"/> ESTATE OF _____ <div style="text-align: right;">MINOR(S)</div>	
PROOF OF PERSONAL OR ACKNOWLEDGED SERVICE (GUARDIANSHIP) (Probate Code § 1511)	CASE NUMBER _____

I, _____, declare that:

1. At the time of service I was at least 18 years of age and not a party to this case.
2. I am a resident of or employed in the county where the mailing occurred, if service was by mail.
3. My business or residence address is: _____

4. I served copies of the following paper(s) in the manner shown:

- ☐ Petition for Appointment of Guardian of Minor
- ☐ Attachment(s) included (list):
- ☐ Notice of Hearing (Guardianship)
- ☐ Other (list exact titles of paper(s)):

5. Manner of service:

- a. ☐ Personal Service. I personally delivered these papers to:

(1) Name of person served: _____

(2) Address where served: _____

(3) Date served: _____ Time served: _____

- b. ☐ By mailing copies by first class mail, postage prepaid, along with two copies of a Notice and Acknowledgment of Receipt and a self-addressed, stamped envelope to:

(1) Name of person served: _____

(2) Address to which mailed: _____

(3) Date documents were mailed: _____

(4) City and state where mailing occurred: _____

(5) The completed Notice and Acknowledgment of Receipt is attached.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: _____ (Signature)